



(3)

PATENT
ATTORNEY DOCKET NO: FRA175-189535

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND SYSTEM FOR DETECTING FRAUD IN NON-PERSONAL TRANSACTIONS

the specification of which is attached hereto unless the following box is checked

was filed on November 9, 2000 as Application Serial No. 09/710,776
or PCT Application No. _____ and was amended on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S)

APPLICATION NO.	COUNTRY	DATE OF FILING	PRIORITY CLAIMED
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	DATE OF FILING
<u>60/164,444</u>	<u>11/09/1999</u>
_____	_____

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120**

Application Serial No.	Date of Filing	Status (check one)		
		Patented	Pending	Abandoned
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And I hereby appoint Robert F. Zielinski, Registration No.34,286; Kenneth R. De Rosa, Registration No. 39,549; Eric A. Dichter, Registration No. 41,708; and Stuart D. Rudoler, Registration No. 45,059, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Wolf, Block, Schorr & Solis-Cohen LLP, 1650 Arch Street - 22 Floor; Philadelphia, Pennsylvania 19103-2097. Address all telephone calls to Kenneth R. De Rosa at (215) 977-2420 (telefax: (215) 405-2521).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR

George <i>(GIVEN NAME)</i>	J. <i>(MIDDLE INITIAL OR NAME)</i>	Candella <i>(FAMILY OR LAST NAME)</i>
Inventor's signature: <i>George J. Candella</i>		
Date: <i>2/15/01</i>		
Country of Citizenship: United States of America		
Residence: Somers <i>(City)</i>	New York <i>(State or Foreign Country)</i>	
Post Office Address: 348A Heritage Hills Somers, NY 10589		

FULL NAME OF SECOND JOINT INVENTOR, IF ANY

Irene	H.	Nohavec
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:	<i>Irene Nohavec</i>	
Date:	2/15/01	
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Residence:	Clifton	New Jersey
	(City)	(State or Foreign Country)
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FULL NAME OF THIRD JOINT INVENTOR, IF ANY

Michael	L.	Scruggs
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:		
Date:		
Country of Citizenship:	United States of America	
Residence:	Argyle	Texas
	(City)	(State or Foreign Country)
Post Office Address:	2020 Longtail Trail	
	Argyle, TX 76226-4500	

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:		
Date:		
Country of Citizenship:		
Residence:		
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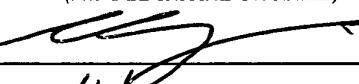
FULL NAME OF SOLE OR FIRST INVENTOR

George (<i>GIVEN NAME</i>)	J. (<i>MIDDLE INITIAL OR NAME</i>)	Candella (<i>FAMILY OR LAST NAME</i>)
Inventor's signature: _____		
Date: _____		
Country of Citizenship: United States of America		
Residence:	Somers (<i>City</i>)	New York (<i>State or Foreign Country</i>)
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Date: _____		
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Clifton, NJ 07011		

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Inventor's signature: 		
Date: 2/16/01		
Country of Citizenship: United States of America		
Residence:	Argyle	Texas
(City)	(State or Foreign Country)	
Post Office Address: 2020 Longtail Trail 2020 Long Tail Trail		
Argyle, TX 76226-4500		

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature: _____		
Date: _____		
Country of Citizenship: _____		
Residence:	(City) _____	
(State or Foreign Country) _____		
Post Office Address: _____		
